

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Office Use Only 15 JUL 17 AM 10:16

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

BOB MARSHALL FOR SENATE, INC.

ADDRESS (number and street)

7930 WILLOW POND COURT

Check if different
than previously
reported. (ACC)

MANASSAS

VA

20111

2. FEC IDENTIFICATION NUMBER ▼

C C00511956

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

VA

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)

General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

in the
State of

Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

through

M M / D D / Y Y Y Y
06 / 30 / 2015

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Rose Lalli

Signature of Treasurer

Mary Rose Lalli

Date

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y / Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
OnlyFEC FORM 3
(Revised 02/2003)